



PATENT  
450110-02761

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**RECEIVED**

Applicant(s) : Mark John McGrath

AUG 27 2003

Serial No. : 09/713,420

Technology Center 2600

For : DATA PROCESSOR AND DATA PROCESSING  
METHOD

Filed : November 15, 2000

Examiner : James A. Fletcher

Art Unit : 2615

745 Fifth Avenue  
New York, New York 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 22, 2003.

Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative



Signature

August 22, 2003

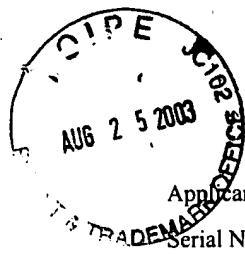
Date of Signature

**AMENDMENT AFTER FINAL ACTION**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Action mailed May 22, 2002, please amend the above-identified application as follows.



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Technology Center 2600

745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.  
 The fee has been calculated as shown below.  
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	42	Minus	** = 42	* 0 x	\$18 (9)	= \$ 0.00
Independent claims	2	Minus	*** = 3	* 0 x	\$84 (42)	= \$0.00
Total additional fee for this amendment						\$ 0.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid , or is paid herewith .

This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of  additional claims \_\_\_\_\_ petition for extension of time.

Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 22, 2003.  
Bruno Polito, Reg. No. 38,580

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

Bruno Polito  
Reg. No. 38,580  
Tel: 212-588-0800

Name of Applicant, Assignee or Registered Representative  


Signature

August 22, 2003

Date of Signature